

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

L E R O Y   B U R T O N

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

CITY OF NEW YORK ( CORPORATION COUNSEL )

C.O. JOHN DOE #1

C.O. JOHN DOE #2

C.O. JOHN DOE #3

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**I. Parties in this complaint:**

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff      Name Leroy Burton  
                  ID # 20A0124  
                  Current Institution 5 Points Correction Facility  
                  Address P.O. Box 119 6600 State Route 96  
                  Romulus New York 14541

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

NOTE: THIS IS THE 2nd TIME I HAVE  
FILED THIS CLAIM AND HAVE  
NOT RECEIVED ANY RESPONSE.

**COMPLAINT**

under the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)

Jury Trial: ☒ Yes   ☐ No  
(check one)

Defendant No. 1 Name CITY OF NEW YORK acting James Johnson Shield # \_\_\_\_\_  
CORPORATION COUNSEL  
 Where Currently Employed DEPARTMENT OF LAW N.Y.C.  
 Address 100 CHURCH STREET NEW YORK NEW YORK 10007

Defendant No. 2 Name John Doe #1 C.O. Shield # \_\_\_\_\_  
 Where Currently Employed G.R.V.C. NYC DOCS CORPORATION  
 Address 09-09 Hazen Street, East Elmhurst New York  
11370

Defendant No. 3 Name John Doe #2 C.O. Shield # \_\_\_\_\_  
 Where Currently Employed G.R.V.C. NYC DOCS CORPORATION  
 Address 09-09 Hazen Street, East Elmhurst, New York  
11370

Defendant No. 4 Name John Doe #1 C.O. Shield # \_\_\_\_\_  
 Where Currently Employed G.R.V.C. NYC DOCS CORPORATION  
 Address 09-09 Hazen Street, East Elmhurst New York  
11370

Defendant No. 5 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? G.R.V.C. 09-09 Hazen Street, East Elmhurst New York 11370 receiving room cells

B. Where in the institution did the events giving rise to your claim(s) occur? G.R.V.C. INTAKE RECEIVING ROOM IN DRY CELLS UNDER COMPUTOR SECURITY CAMERA. AKA the receiving room holding court pens, and disciplinary pens.

C. What date and approximate time did the events giving rise to your claim(s) occur? G.R.V.C. Facility on or about December 15, 2019

D. Facts: Deponent was placed in the back dry cells in the G.R.V.C. Holding Pens and he was handcuffed and shackled on his feet. John Doe #1, #2 and #3 all converged upon the deponent in the dry cell and attacked him while he was standing on the bench. It was extreme in heat and filth. However they grabbed his feet from under him & INTENTIONALLY CAUSED HIM TO HURT HIS HEAD, BACK, SHOULDERS, AND I was unconscious for I don't know how long. I was not taken to the hospital for several days, although the hospital and the intake (RECEIVING ROOM) are centrally connected in physical structure.

After several days of complaining I was delivered to the clinic for pain killers due to the injury and gang assault by the group of Doe Correction Officers.

That Corporation Counsel has a monitoring program for the continued violence and assaults, brutality by correction staff. Mainly due to mental; stress, methane, medical and toxic gas consumption and/or depression. That the said program issued thereof was to suppress the violent episodes thereof, and instead has enhanced it. That said N.Y.C.D.O.C. has been fined and censored for their past non-compliance to the program thereof. Mandated by the City of New York.. The failure to properly train, and assure compliance for non-violent episodes to detainees have violated the civil rights law 79-C and the right to be safe and secure in my person, places, homes things and effects.

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Head, neck, shoulders, arms, legs and hip, & Back..I have blackouts and headaches constantly. loss of memory and my eyes twitch, and jump sua sponte..

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes LB No     

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

The Beacon, G.R.V.C. Reception Center 09-09 Hazen Street, East Elmhurst  
New York 11370

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes LB No      Do Not Know     

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes      No      Do Not Know LB

If YES, which claim(s)?     

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes LB No     

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes LB No     

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

N.Y.C. 311, aka 212 New York inspector general..

1. Which claim(s) in this complaint did you grieve? The violent C.O.'s and the assault, injuries and lack of proper medical care on time.

2. What was the result, if any? I havent received any legal or personal mail responses from the initial calls as NYCDOCS handles the mail.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. The NYC hotline 311 has not responded and thus that grievance process is not fully available to detainees as determined by MAYORS EXECUTIVE ORDER 16/4, the filed complaint hasn't been returned and it was suggested that it was a constructive denial of review and compliance by Corporation Counsel as NYC DOCS EMPLOYEES ARE USING EXCESSIVE FORCE TO FALSIFY WORKMAND COMPENSATIONS FOR THEMSELVES.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

In NYCDOCS detainees can file a grievance in the facility or to an outside agency. Once the outside agency has been notified, the internal NYCDOCS grievance is ceased. The NYC DOCS stops all grievance investigations once an outside agency becomes invpolved.

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: The 311 or 212 New York numbers are the registered complaint and grievance numbers for NEW YORK CITY, AND THE CALLS WERE MADE ON THE N.Y.C. DOCS phone system of which are monitored , and copied to the district attorney, and corporation counsel upon request or subpoena.

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. Exhaustion is fullfilled once the outside agency has the contact with the detainee, whether or not they complete the investigation. The NYCDOCS files the issue as fully exhausted, and the N.Y.C. DOCS eliminates any further invcolvement upon the exhausted issue..

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

#### V. Relief: D A M A G E S

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). Deponent needs further x-ray, ct scan, and MRI's for his injuries, and thus corrective surgery where determined .The limb pains are excruciating at times and as it was for past present and the foreseeable future, the deponent seeks 1,000,000.00 dollars in compen-sation damages, seperately for punitive damages, foreseeable and actual damages in reference to the intentional assault and refusal to issue an immediate medical care and assistance and treatment. To show cause why each John Doe #1,#2 and #3 shall not be removed from NYC Docs for their violent insubordinate acts and failure to follow proper medical procedure and use of force procedures and protocols. and be fined 1,000,000.00 dol-lars a piece including the corporation counsel \*\*CITY OF NEW YORK\*\* for hiding their assaultive behavior, failing to properly train and adhere to the anti-violence employee violence program, procedures, protocols and policy for employees.. Including HORSEPLAY... 5,000.000.00 dollars... medical bills , expenses, continuous treatment, pain 5,000,000.00 dollars including lawyers fees 42 USCA 11985, 1886, 1984 et.seq..



## Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes LB No       

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff THE SAME LAW SUIT OF WHICH WAS NOT EVER RESPONDED TO BY THE Court.

Defendants SUPRA

2. Court (if federal court, name the district; if state court, name the county)       

S.D.N.Y.

3. Docket or Index number UNASSIGNED I GUESS

4. Name of Judge assigned to your case UNKNOWN

5. Approximate date of filing lawsuit February 21, 2021

6. Is the case still pending? Yes        No        I DO NOT KNOW WHAT HAPPENED TO IT..

If NO, give the approximate date of disposition CONSTRUCTIVE DENIAL

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)       

C O N S T R U C T I V E   D E N I A L

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes        No LB

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff NOT APPLICABLE

Defendants NOT APPLICABLE

2. Court (if federal court, name the district; if state court, name the county)       

3. Docket or Index number       

4. Name of Judge assigned to your case       

5. Approximate date of filing lawsuit       

6. Is the case still pending? Yes        No NOT

If NO, give the approximate date of disposition

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) NOT APPLICABLE

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 10 day of AUGUST, 2021.

Signature of Plaintiff

LEROY BURTON

Inmate Number

2 0 A 0 1 2 4

Institution Address

FIVE POINTS CORRECTION FACILITY

P.O. Box 119

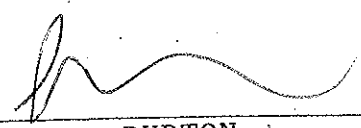
6600 State Route 96

Romulus New York 14541

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 10 day of August, 2021 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York. 28 USCA 1746

Signature of Plaintiff:

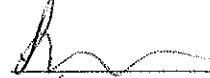
  
LEROY BURTON

20A0124

VERIFICATION  
August 10, 2021

I, Leroy Burton, being duly sworn, deposes and says that I am the petitioner in the above captioned matter, proceeding pro-se. I have read the foregoing petition, and know the contents thereof to be true, except as to matters stated upon information and belief, and as to those matters, I believe them to be true.

Respectfully submitted,



Leroy Burton 20A0124  
Defendant, Pro-se  
Five Points C.F.  
P.O. Box 119  
Romulus, New York 14541

Sworn to before me this  
10 day of August, 20 21

28 USCA 1746

NOTARY PUBLIC



Affidavit of Service  
August 10, 2021

State of New York)  
County of Seneca)ss.:

I, Leroy Burton, being duly sworn, deposes and says:

1. That on 8/10/21, I did in fact place the designated copies of the following papers in the Mailbox at Five Points Correctional Facility:

- a. 42 USCA 1983
- b. FORMA PAUPERIS
- c. VERIFICATION
- d. Affidavit of service
- e. authorization

2. Said papers were addressed to the following parties:

Original and Duplicate(s)

UNITED STATES SOUTHERN DISTRICT COURT

500 PEARL STREET

CLERK OF THE COURT

NEW YORK, NEW YORK 10007

Copy

Leroy Burton Sr.

827 Hunts Point Avenue

Bronx New York 10474

Copy

Second service, and supporting service by family all copies  
must be served upon the deponent and his father..

Sworn to before me this  
10 day of Aug, 20 21

28 USCA 1746

NOTARY PUBLIC

Very truly yours,

Leroy Burton 20A0124  
Five Points C.F.  
PO Box 119  
Romulus, New York 14541

FIVE POINTS CORRECTIONAL FACILITY  
STATE ROUTE 96, P.O. BOX 119  
ROMULUS, NEW YORK 14541

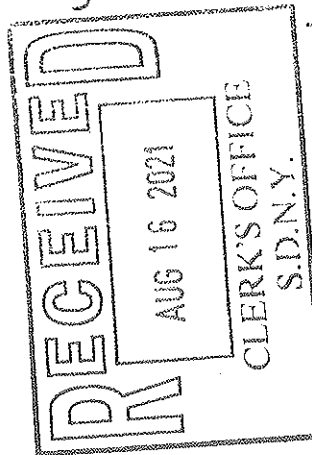
Five Points

NAME: Larry Barton

DIN: 20A024

LOC: 8-A1-121 ★

United States Southern District of New York  
500 Pearl Street Clerk of the Court  
New York, NY 10007



Five Points Correctional  
Facility  
Legal Mail Only



RECEIVED  
SONY PRO SEC OFFICE

2021 AUG 17 AM 10:42

U.S. D. OF N.Y.

Pro Se

US  
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